

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1					
2				1				
3					1			
4						1		
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TOTAL IND.			8					
TOTAL DEP.				9				
TOTAL CLAIMS					10			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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